CERTIFICATE OF DEATH

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...ON STATE HEALTH DIVISION
...ment of Human Resources

Vital Records Unit

17882 431
Local File Number

State File Number

TYPE OR PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

	First	Middle	Last
1 DECEASED—NAME	MOLLIE		McGINNIS

2 DATE OF DEATH (month, day, year): November 27, 1982

3 RACE (White, Black, American Indian, etc. (specify)): White

4 SEX: Female

5a AGE—Last birthday (years): 73

5b Under 1 year: mos / days

5c Under 1 day: hours / min

6 DATE OF BIRTH (month, day, year): August 19, 1909

7a CITY, TOWN OR LOCATION OF DEATH: Klamath Falls

7b HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): West Medical Center

7c IF HOSP. OR INST. Indicate DOA, OP/Emer., Rm., Inpatient (Specify): Inpatient

7d COUNTY OF DEATH: Klamath

8 STATE OF BIRTH (If not in U.S.A., name country): Colorado

9 CITIZEN OF WHAT COUNTRY: U.S.A.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married

11 SPOUSE (IF MARRIED, WIDOWED): Edward W. McGinnis

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): No

13 SOCIAL SECURITY NUMBER: 517-22-2367

14a USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Housewife

14b KIND OF BUSINESS OR INDUSTRY: Homemaking

15a RESIDENCE—STATE: Oregon

15b COUNTY: Klamath

15c CITY, TOWN, OR LOCATION: Klamath Falls

15d STREET AND NUMBER OR R.F.D., ZIP: 3821 Bristol Avenue 97601

15e Inside City Limits (specify yes or no): No

16 FATHER—NAME (first middle last): Henry - Gomer

17 MOTHER—Maiden Name (first middle last): Kathern - Schantz

18 INFORMANT—NAME and relationship to deceased: Edward W. McGinnis, husband

19a BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial

19b CEMETERY OR CREMATORY—NAME: Eternal Hills Memorial Gardens

19c LOCATION (city or town, state): Klamath Falls, Oregon 97601

20a FUNERAL SERVICE LICENSEE Or Person Acting As Such [Signature]: William F. Davenport

20b NAME AND ADDRESS OF FACILITY: Davenport's Chapel of the Good Shepherd, 6420 South Sixth Street, Klamath Falls, Oregon 97601

CERTIFICATION

To be Completed by CERTIFYING PHYSICIAN Only

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated

21a [Signature]: James F. Novak MD

21b DATE SIGNED (Mo., Day, Yr.): 11-29-82

21c HOUR OF DEATH: 11:30 PM

NAME AND ADDRESS OF CERTIFIER (Type or Print): James F. Novak, MD, 1905 Main Street, Klamath Falls, Oregon 97601

21d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

21e

REGISTRAR

22a DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): NOV 29 1982

22b REGISTRAR [Signature]: Claudia Francis

CAUSE OF DEATH

PART I

23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR [a], [b], AND [c].)

(a) Cardiac arrhythmia and arrest — Interval between onset and death: 1 Hr

DUE TO, OR AS A CONSEQUENCE OF:

(b) Sepsis — Interval between onset and death: 4 days

DUE TO, OR AS A CONSEQUENCE OF:

(c) Urinary Tract Infection — Interval between onset and death: 5 days

PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)

Cerebral injury 2° to Subdural hematoma

24 AUTOPSY (Specify Yes or No): No

25 WAS MEDICAL EXAMINER NOTIFIED (Specify Yes or No): No

ACCIDENT / INJURY

26a ACCIDENT (Specify Yes or No): No

26b DATE OF INJURY (Mo., Day, Yr.):

26c HOUR OF INJURY:

26d DESCRIBE HOW INJURY OCCURRED:

26e INJURY AT WORK (Specify Yes or No): No

26f PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):

26g LOCATION — STREET OR R.F.D. NO — CITY OR TOWN — STATE

RESERVED FOR REGISTRAR'S USE

HS-2 (Rev. 1/80)

PM 12 03

STATE OF OREGON
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

By Claudia Francis, Deputy Registrar

Date NOV 30 1982

VOID IF ALTERED

(SEAL)

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT OF HEALTH SERVICES

State of OREGON: COUNTY OF KLAMATH: ss.
I hereby certify that the within instrument was received and filed for record on the

2 day of Dec. A.D., 19 82 at 12:03 o'clock P M., and duly recorded in

Vol M82 of Deeds on page 16812.

Fee $ 4.00.

EVELYN BIEHN
COUNTY CLERK

By Joyce Mc Clure deputy